

SUMMER CAMP CHANGE OF INFORMATION FORM

Last Name

CONTACT INFORMATION

Child First Name _____ Child Last Name _____

Gender Male Female Birth Date (Please use MM/DD/YYYY format) _____ / _____ / _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Primary Phone _____ Email Address _____

CHANGE CAMP

Must be completed by **10 days prior to the draft date.**

CHOOSE YOUR LOCATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Anderson County | <input type="checkbox"/> Bar-Y Outdoor Adventure Camp | <input type="checkbox"/> C.M. Gatton Beaumont YMCA |
| <input type="checkbox"/> Frankfort YMCA | <input type="checkbox"/> High Street YMCA | <input type="checkbox"/> North Lexington Family YMCA |
| <input type="checkbox"/> Scott County | <input type="checkbox"/> Whitaker Family YMCA | |

WITHDRAWING FROM

- Day Camp
- Preschool Camp
- Horseback Camp (Ashlynn Farm)
- LEGO® Camp (Cardome Renaissance Centre)

ADDING

- Day Camp
- Preschool Camp
- Horseback Camp (Ashlynn Farm)
- LEGO® Camp (Cardome Renaissance Centre)

Circle the week(s) to withdraw:

1 2 3 4 5 6 7 8 9 10

Circle the week(s) to add:

1 2 3 4 5 6 7 8 9 10

Briefly explain the reason for withdrawal or addition: _____

NEW ACCOUNT TYPE

Must be completed **15 days prior to the draft date**

- Change credit card information as of _____

Cardholder Name _____

Card Number _____ Exp. Date _____

Billing Address _____

- Change EFT bank draft information as of _____ (Please provide a voided check)

The registration fee and deposit for each week added is due immediately as spots cannot be held without payment. These fees are non-refundable and non-transferable.

Parent/Guardian Signature _____

Date _____

First Name

Unit ID

Staff